

# EVALUATION OF CARE DIRECT

# PSSRU

*Outline of a research project funded by  
the Department of Health*

**Andrew Bebbington, Sarah Lawrence and Judith Unell**  
**Personal Social Services Research Unit, University of Kent at Canterbury**

P52a/August 2001

## PURPOSE

The Department of Health has commissioned the Personal Social Services Research Unit to undertake the evaluation of the pilots of Care Direct, the new one-stop shop for information covering social care, health, housing and social security benefits for elderly and disabled people. Care Direct aims to help users and carers:

- Know where to go for information and advice;
- Get the information and advice they need, when they need it;
- Get the support they need, when they need it — delivered in an integrated way, to consistent standards;
- Make informed decisions about their need for care.

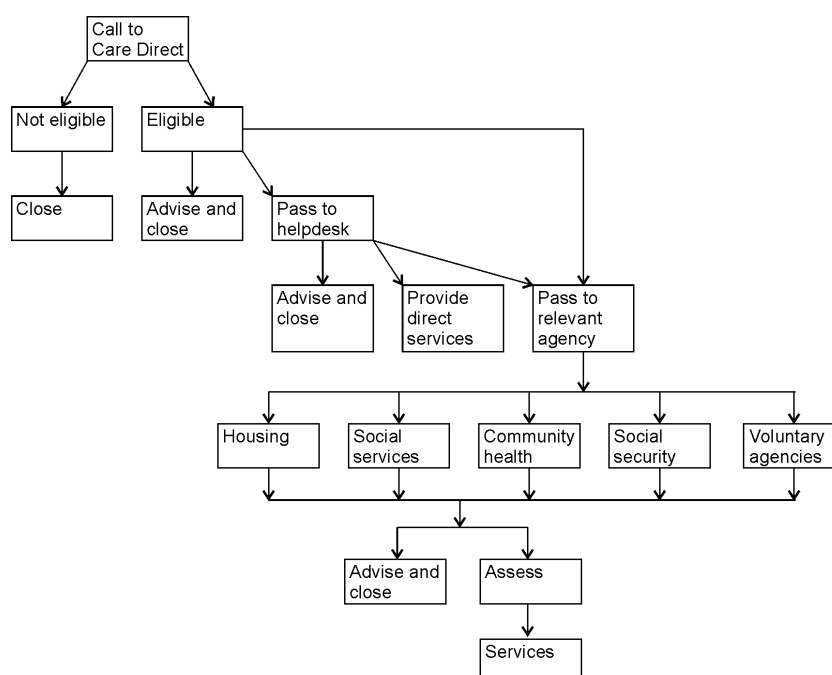
The evaluation will inform decisions about whether and how to roll out Care Direct as a national service. The first pilot will start towards the end of 2001 and take place in six local authorities in the south-west region. Further information about the background to the project and its aims is available at the Care Direct website at <http://www.caredirect.gov.uk>.

## METHODOLOGY

Care Direct will be judged by whether it is operationally successful; whether it operates without giving rise to major problems or crises; whether it meets the aims shown above; and whether it both covers the full range of services, and assists users and carers through to an appropriate level.

Care Direct involves a considerable number of agencies, and a complex routing tree that must be operated transparently to the user. At the time of writing the structure is in the process of formulation, but Figure 1 shows what it might look

**Figure 1. A decision tree for Care Direct**



like. Calls will first be taken by the call-handler, and will be processed with the help of special software. It is possible this will be handled jointly with NHS Direct, the equivalent service for acute health problems. There will also be alternatives, outreach operations and drop-in facilities to promote and facilitate access. Simple enquiries that need further assistance may be re-routed direct to the relevant agency, but many calls, particularly those that seem to involve a range of problems, will be transferred to the helpdesk. The helpdesk will consist of a multidisciplinary team.

It is evident that this process involves decision making at three possible stages: by the call handler, by the helpdesk, and within the 'purchaser' agency. The processes, outcomes and costs at each of these stages will need to be understood, and this requires a mixed evaluation strategy and a multidisciplinary approach.

The proposed research design has eight field elements:

**(i) Mapping of existing services**

A necessary preliminary to establish parameters for some of the following activities, and to establish contextual factors that may be relevant to outcome.

**(ii) Patterns of referral**

A before-after study of volume and patterns of referral, both for Care Direct and the agencies to which it relates. This will take the form of a census of all queries to the contact points of the agencies, and to Care Direct when it starts. This census will be undertaken by sampling time periods both before and again after the introduction of Care Direct. The information to be collected would ideally include the nature of the query, in sufficient detail for a simple assessment of whether or not it is appropriate for that agency. The collection of equivalent information from Care Direct should be built into the call handling software.

**(iii) Consumer study**

A survey of a sample of applicants. This survey would cover (a) the needs of applicant that lead to the call; (b) the advice given to them and their subsequent referral to other agencies; and (c) their satisfaction with the process. The needs of the applicant, who may be a carer, are distinct from those of the person on whose behalf help is sought.

The follow-up will take place shortly after the original call, with a few people having a second, more in-depth call some months after.

**(iv) Checks on the advice given**

'Mystery shopper' calls presenting test scenarios to call-handlers, to check the accuracy and quality of the advice.

**(v) Observational study**

An observational study of call handling and helpdesk operations. This would consist of 'fly-on-the-wall' exercises which will be designed to monitor the practicalities. This study will include an examination of the role of volunteers.

**(vi) Impact on agencies**

An impact study of the principal agencies (social services, community health, social security, voluntary organisations, to assess the organisational and operational implications. What is proposed (in addition to the referral study above) is a qualitative assessment by interview with senior staff in the relevant agencies. Such an interview will focus on the way in which Care Direct has impacted on the operations of the agency, in particular its effect on outreach and 'duty' services already being operated by those agencies. It will provide their subjective assessment of the effectiveness of the scheme. Particular attention will be paid to voluntary agencies.

### **(vii) Costs analysis**

Costs analysis will be undertaken for two purposes:

- to compare the costs of Care Direct with the alternatives, in individual cases
- to forecast the increased (or reduced) overall cost as the result of the introduction of Care Direct.

The basis of this analysis will be estimates of the unit costs of the relevant services applied to volume measures, using standard financial data.

The final element will be added if resources permit:

### **(viii) Population impact**

A population study of knowledge and use of Care Direct, to assess the penetration of the scheme. If undertaken, this would be more appropriate for the second stage, and could be included within a national portmanteau survey.

---

## **OBJECTIVES OF EVALUATION**

This section describes how the evidence generated by the above methodology will contribute to each of the requirements for the evaluation that were specified in the project brief.

### **(i) Impact, in terms of outcomes, on the client groups, including equity of access**

The consumer study will assess the impact on those who take up the survey, and the before-after study of referral will indicate what type of person is making use of the new service. This will indicate whether, for example, the new service is an improvement for those who live in rural areas, come from deprived areas or from minority ethnic groups. The views of consumer organisations within voluntary agencies representing these client groups would be sought as part of the impact study.

### **(ii) Whether Care Direct has achieved its objectives**

Of the four aims specified for Care Direct, the question of how far the target population at large is aware of the new service can only be tested if the general population survey element (item vii above) is included. Performance in relation to the remaining three aims will be tested by the consumer survey.

### **(iii) Gaps and inconsistencies**

The before-after referral study will identify broad changes in the pattern of access. The consumer survey, especially when compared with other surveys and evidence of the types of people who self-refer (or are referred by relatives, friends, etc.) to conventional services, will show whether the new approach encourages those from groups who traditionally have poor access. Equally, it will show whether the new approach tends to reach people with lower levels of need.

### **(iv) Effectiveness and cost-effectiveness**

Effectiveness can be judged by the achievement of objectives, but it is important that this is done efficiently. Key to judging this will be that part of the referral study which assesses the impact of Care Direct on referrals and examines inappropriate referrals, the 'mystery shopper' exercise and that part of the observational study which monitors time use.

### **(v) People's experience and satisfaction**

This is covered by the consumer survey. Care is necessary to distinguish the experience of the person contacting Care Direct, who may often be an informal carer, with that of the ultimate 'client'.

**(vi) Demand and the effectiveness of publicity**

The general level of demand for Care Direct will be monitored, and compared with expectations, through the Referrals study. Ideally the Population survey will test the extent to which the general public are aware of the service.

**(vii) Impact on demand for agency services**

The Referrals study will give a general indication of how the pattern of referrals is affected by Care Direct. The Impact study will provide a more qualitative account.

**(viii) Effectiveness of outreach facilities and volunteers**

The Consumer survey will show to what extent volunteers are being used, and how popular they are.

**(ix) Impact on organisations currently providing information about social care**

The Mapping exercise will identify existing helpdesks, help-lines, and other outreach services currently in operation. The Impact study will target a representative selection of these, and they may also be included in the Referrals study.

**(x) Working in partnership with LAs and voluntary organisations**

This can be addressed by the impact study.

**(xi) The use of volunteers**

The Observational study will examine how volunteers are used. See also item (viii).

---

**DISSEMINATION**

In addition to the usual reports and contributions to the publicity for the project, the evaluation will produce its own newsletter, with contributions from the pilot sites, which will serve to disseminate information internally among the pilot sites concerning progress with the pilots and preliminary findings from the evaluation.

---

**FURTHER INFORMATION**

For further information about this project, please contact either Andrew Bebbington on 01227 827525, email [acb@ukc.ac.uk](mailto:acb@ukc.ac.uk), or Judith Unell on 0115 965 3893, email [J.M.Unell@ukc.ac.uk](mailto:J.M.Unell@ukc.ac.uk).

---

The **PERSONAL SOCIAL SERVICES RESEARCH UNIT** undertakes social and health care research, supported mainly by the United Kingdom Department of Health, and focusing particularly on policy research and analysis of equity and efficiency in community care, long-term care and related areas — including services for elderly people, people with mental health problems and children in care. The PSSRU was established at the University of Kent at Canterbury in 1974, and from 1996 it has operated from three sites:

Cornwallis Building, University of Kent at Canterbury, Canterbury, Kent, CT2 7NF, UK

London School of Economics, Houghton Street, London, WC2A 2AE, UK

University of Manchester, Dover Street Building, Oxford Road, Manchester, M13 9PL, UK

The PSSRU Bulletin and publication lists can be viewed and downloaded from the Unit's website and are available free from the unit librarian in Canterbury (+44 (0)1227 827773; email [pssru\\_library@ukc.ac.uk](mailto:pssru_library@ukc.ac.uk)).